

AO 240 (Rev. 10/03)

E-filing

FILED

UNITED STATES DISTRICT COURT

MAR 10 2008

NORTHERN

District of

CALIFORNIA

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAPEOPLE OF THE UNITED STATES
PlaintiffAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

JUDGE RICHARD FREEBORN
LAKE COUNTY SUPERIOR COURT
Defendant

CASE NUMBER:

CV 08

1360

SI
(PR)I, VINCENT ROSENBALM declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration NAPA STATE HOSPITALAre you employed at the institution? yes Do you receive any payment from the institution? yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ Noa. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. 3 HOURS A WEEK ABOUT Approximately \$20 week

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

yes - hospital welfare 12.50 month
yes - AUTHOR HOUSE PUBLISHER 325 Book Sale

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes," state the total amount. \$0.10 10 CENTS

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☒ Yes ☐ No

If "Yes," describe the property and state its value.

personal property about \$10-15,000
(2) Automobiles 92, 93 SUBARU LEGACY
PAID FOR

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

JOSEPH DAVID ROSENBAUM (SON)
16 soon 17

NO CONTRIBUTIONS AT PRESENT DUE to illegal imprisonment

I declare under penalty of perjury that the above information is true and correct.

3/4/08
Date

Vincent Rosenbaum
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Vincent Rosenbalm for the last six months
Napa State Hospital ^[prisoner name] where (s)he is confined.
_[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 19.30 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 2/27/08

Laura Harris
[Authorized officer of the institution]

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
 SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
 FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

2/27/2008
 4:13:26PM

NAPA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report

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2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	08/27/2007	13-153936	Cash Disbursement	cl v158	\$12.50		\$5.00
2	09/24/2007	18-075238	AB1013 Funds	\$12.50 Receipts		\$12.50	\$17.50
3	09/24/2007	13-154124	Cash Disbursement	cl v234	\$12.50		\$5.00
4	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
5	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
6	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
7	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
8	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
9	12/03/2007	16-75436	CK-AUTHOR HOUSE 1663 LIBERTY DR STE 200	BLOOMINGTON IN 47403		\$3.25	\$3.25
10	12/11/2007	16-75478	CCK-UNKNOWN SENDER	CCK-UNKNOWN SENDER		\$50.00	\$53.25
11	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
12	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
13	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
14	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
15	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
16	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
17	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00

TOTAL WITHDRAWLS / DEPOSITS:

\$133.25 \$115.75